

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Cadle Company
100 North Center Street,
Newton Falls, Ohio 44444

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Barb Pulido☐ Agent☐ Addressee

B. Received by (Printed Name)

Barb Pulido

C. Date of Delivery

*11/4/07*D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No*3:06CW1137-WKW*

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7004 1160 0002 5800 4037

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540